



ADMINISTRATIVE OFFICE
OF THE COURTS
COURT INTERPRETERS PROGRAM

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IDENTIFICATION BADGE REPLACEMENT REQUEST

Name: _____
(first) (middle) (last)

Mailing Address: _____

Certified/Registered Number: _____

Languages: _____

Please check one: ☐ Certified Court Interpreter
☐ Registered Interpreter

DECLARATION: I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that any false or misleading statements may result in the forfeiture of my status as a certified court or registered interpreter and removal from the Judicial Council's Master List, in addition to other penalties provided by law.

Your full name (print clearly): _____

Signature: _____ Date: _____

Please, send:

- ☐ Check payable to the **State of California** in the amount of \$15.00
- ☐ One passport-type photograph (if picture on file is older than 3 years)
- ☐ Badge form filled out and signed

Your badge will be ready in 4-6 weeks

Mail to:
Administrative Office of the Courts
Court Interpreters Program
455 Golden Gate Avenue
San Francisco, CA 94102

There will be a \$15 fee assessed for returned checks